

Vendor Packet Enclosed

Kept Companies, Inc. dba Krystal Klean

(Formerly Fleetwash Inc dba Krystal Klean)

Mail ALL payments to:

PO BOX 737021

Dallas, Texas 75373-7021

Mail ALL other correspondence to:

(compliance, insurance, contracts, registration, etc.)

PO BOX 350028

Jacksonville, Florida 32235

W-9

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Kept Companies Inc	
	2 Business name/disregarded entity name, if different from above. dba Krystal Klean	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 26 Law Drive, Section E	Requester's name and address (optional)
6 City, state, and ZIP code Fairfield, NJ 07004		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 3/12/2024
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

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	5 Address (number, street, and apt. or suite no.). See instructions. P.O. BOX 350028	Requester's name and address (optional)
6 City, state, and ZIP code Jacksonville, Florida 32235		
7 List account number(s) here (optional)		

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Social security number									
				-					
or									
Employer identification number									
2	2	-	2	8	6	7	0	8	4

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6 City, state, and ZIP code Dallas, Texas 75373-7021		
7 List account number(s) here (optional)		

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State Registrations



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2023

DANIEL TUBUL
26 LAW DRIVE
FAIRFIELD, NJ 07004

Re: Document Number F00000006335

The Amendment to the Application of a Foreign Corporation for FLEETWASH, INC. OF NEW JERSEY which changed its name to KEPT COMPANIES, INC., a New Jersey corporation authorized to transact business in Florida, was filed on May 26, 2023.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Tammi Cline
Regulatory Specialist II Supervisor
Division of Corporation

Letter Number: 023A00012140

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF INCORPORATION
OF
FLEETWASH, INC.



FLEETWASH, INC., a corporation organized and existing under and by virtue of the laws of the State of New Jersey (the "Corporation"), pursuant to the provisions of Sections 14A:9-2(4) and 14A:9-4(3) of the New Jersey Business Corporation Act, does hereby certify that:

1. The name of the Corporation is Fleetwash, Inc.
2. The Corporation Number of the Corporation is 0100336888.
3. The Certificate of Incorporation of the Corporation is hereby amended by deleting Article 1 of the Certificate of Incorporation in its present form and substituting therefor a new Article 1 in the following form:

"1. Name of Corporation: Kept Companies, Inc."

4. The foregoing amendment was approved by the directors and thereafter duly adopted by the shareholders of the Corporation on March 28th, 2023 in accordance with the provisions of the New Jersey Business Corporation Act.

5. The total number of shares of stock outstanding at the time of adoption of the foregoing amendment and entitled to vote thereon was One Thousand (1,000) shares of stock, without par value, of the Corporation.

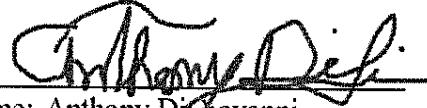
6. The number of shares voting for such amendment was all One Thousand (1,000) issued and outstanding shares. The number of shares voting against such amendment was 0.

7. The effective date of this Certificate of Amendment shall be the date of filing.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to be executed on its behalf by its duly authorized officer as of this 28th day of March, 2023.

FLEETWASH, INC.

By



Name: Anthony Di Giovanni

Title: President and CEO

[Previous on List](#) [Next on List](#) [Return to List](#)

No Filing History

Fictitious Name Detail

Fictitious Name

KRYSTAL KLEAN

Filing Information

Registration Number G23000068441
Status ACTIVE
Filed Date 06/05/2023
Expiration Date 12/31/2028
Current Owners 1
County MULTIPLE
Total Pages 1
Events Filed NONE
FEI/EIN Number NONE

Mailing Address

26 LAW DR
FAIRFIELD, NJ 07006

Owner Information

KEPT COMPANIES INC
26 LAW DR
FAIRFIELD, NJ 07004
FEI/EIN Number: 22-2867084
Document Number: F00000006335

Document Images

[06/05/2023 -- CANCELLATION/RE-REGISTRATION](#)

[View image in PDF format](#)

[Previous on List](#) [Next on List](#) [Return to List](#)

No Filing History

State of Florida

Department of State

I certify from the records of this office that KRYSTAL KLEAN is a Fictitious Name registered with the Department of State on May 29, 2019.

The Registration Number of this Fictitious Name is G19000062805.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the First
day of June, 2019*



Randy R. Lee

Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

- Krystal Klean**
Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)
Fairfield
- 26 Law Dr.**
Mailing Address of Business
Fairfield **NJ** **07006**
City State Zip Code
- Florida County of principal place of business: **Multiple**
(See instructions if more than one county)
- FEI Number: _____

G23000068441
06/05/23--01021--016 **50.00

This space is for office use only
CR4E001 (10/20)

FILED
2023 JUN -6 AM 10:19
STATE OF FLORIDA
DEPARTMENT OF REVENUE

Section 2


- A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)**
- | | |
|--------------------------------------|--------------------------------------|
| 1. _____
Last First M.I. | 2. _____
Last First M.I. |
| Address _____
City State Zip Code | Address _____
City State Zip Code |
 - B. Owner(s) of Fictitious Name If Entity: (Use an attachment if necessary)**
- Kept Companies Inc.**
Entity Name
26 Law Dr.
Address
Fairfield NJ 07004
City State Zip Code
Florida Document Number: **F00000006335**
FEI Number: **22-2867084**
☐ Applied For ☐ Not Applicable
 - _____
Entity Name

Address

City State Zip Code
Florida Document Number: _____
FEI Number: _____
☐ Applied For ☐ Not Applicable

Section 3

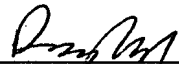
I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 5/31/23 **daniel.tubul@keptcompanies.coi**
Signature of Owner in Section 2 Date Email Address: (to be used for future renewal notification)
Phone Number: **9738828314**

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we), the undersigned, hereby cancel the fictitious name _____,
which was registered on **5/09/2023** and was assigned registration number **G23000058733**.

 5/31/23 _____
Signature of Owner of Registration being Cancelled Date Signature of Owner of Registration being Cancelled Date

Mark the applicable boxes ☐ Certificate of Status- \$10 ☐ Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50

CT
6/5/23

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

AMENDED CERTIFICATE OF AUTHORITY

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

FLEETWASH, INC.
a Foreign Profit Corporation

formed under the laws of the State of **New Jersey** and authorized to transact business in Georgia on **11/22/2004**, has amended its application to transact business in this state by the filing of an amendment changing its name to

Kept Companies of NJ, Inc.
a Foreign Profit Corporation

and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **06/09/2023**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

**APPLICATION FOR AMENDED CERTIFICATE OF
AUTHORITY**

Electronically Filed
Secretary of State
Filing Date: 5/15/2023 12:08:49 PM

Business Information

Business Name : FLEETWASH, INC.
Control Number : 0468045
Business Type : Foreign Profit Corporation
Home Jurisdiction : New Jersey
Name in Home Jurisdiction : KEPT COMPANIES, INC.
Date of Authorization in Georgia : 11/22/2004

Amended Business Information

New Business Name : Kept Companies of NJ, Inc.
Effective Date : 05/15/2023

Authorizer Information

Authorizer Signature : Daniel Tubul

Authorizer Title : Officer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

KEPT COMPANIES, INC.
0100336888

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 11, 1987.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DANIEL CARLTON
273 PASSAIC AVE
FAIRFIELD, NJ 07004-1520



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
22nd day of May, 2023*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6143349006

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Insurance

CERTIFICATE OF LIABILITY INSURANCE

Date
12/12/2023

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurers Affording Coverage

NAIC #

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurer A: Lion Insurance Company
Insurer B:
Insurer C:

11075

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits												
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$												
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence Aggregate												
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2024	01/01/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">X</td> <td style="width: 40%;">WC Statutory Limits</td> <td style="width: 55%;">OTH-ER</td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td>\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td>\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td>\$1,000,000</td> </tr> </table>	X	WC Statutory Limits	OTH-ER		E.L. Each Accident	\$1,000,000		E.L. Disease - Ea Employee	\$1,000,000		E.L. Disease - Policy Limits	\$1,000,000
X	WC Statutory Limits	OTH-ER																
	E.L. Each Accident	\$1,000,000																
	E.L. Disease - Ea Employee	\$1,000,000																
	E.L. Disease - Policy Limits	\$1,000,000																

Other

Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 90-67-850

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

Kept Companies, Inc. dba Krystal Klean

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.
Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com

Project Name: FOR BID PURPOSES ONLY

ISSUE 05-31-23 (CF)(KLT)

Begin Date: 6/28/2019

CERTIFICATE HOLDER

Kept Companies, Inc. dba Krystal Klean

13679 Atlantic Blvd
Jacksonville, FL 32225

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kore Insurance Holdings, LLC P.O. Box 473 354 Eisenhower Parkway, Plaza 1 Livingston, NJ 07039	CONTACT NAME: Roger Hohne	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Kept Companies, Inc. dba Krystal Klean P.O. Box 350028 Jacksonville, FL 32235	E-MAIL ADDRESS: rhohne@koreins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Homesite Insurance Company of Florida	
	INSURER B : Travelers Property Casualty Company of America	
	INSURER C : Zurich American Insurance Company	
	INSURER D : Travelers Excess and Surplus Lines Company	
INSURER E : Axis Surplus Insurance Company		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	POC-021272-01	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	3J711715-CAP	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	X	SXS 6516584-00	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Excess Liability			CUP-0X316805	7/1/2024	7/1/2025	Limit 10,000,000
E	Environmental			CP004987-03-2024	7/1/2024	7/1/2025	Each Occ/Gen Agg 2,000,000


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

If required by written contract:

- ~ Certificate Holder is included as additional insured.
- ~ Primary & non-contributory applies.
- ~ Waiver of subrogation applies.
- ~ 30 days notice of cancellation applies, except 10 day for non-payment of premium.
- ~ Umbrella follows form.

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



ADDITIONAL REMARKS SCHEDULE

AGENCY Kore Insurance Holdings, LLC		NAMED INSURED Kept Companies, Inc. dba Krystal Klean P.O. Box 350028 Jacksonville, FL 32235	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		
		EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Other Insurance Policies:
Property / Inland Marine / Contractor's Scheduled Equipment:
Insurer: Aspen American Insurance Company
Effective: 07/01/2024 - 07/01/2025
Policy Number: IMZ134924
Commercial Output: CAT limit \$4.3M.
Contractors Equipment: CAT limit \$2.6M.
Installation Floater: Jobsite limit - \$500K. / CAT limit - \$1M.

Business Tax Receipts



2023 - 2024 LOCAL BUSINESS TAX RECEIPT

JIM OVERTON, DUVAL COUNTY TAX COLLECTOR

231 E. Forsyth Street, Suite 130, Jacksonville, FL 32202-3370
Phone: (904) 255-5700, option 3 Fax: (904) 255-8403
<https://taxcollector.coj.net/>

Note – A penalty is imposed for failure to keep this receipt exhibited conspicuously at your place of business. This business tax receipt is furnished pursuant to Municipal Ordinance Code, Chapters 770-772, for the period October 01, 2023 through September 30, 2024 .

KRYSTAL KLEAN
26 LAW DR
SUITE SECTION E
FAIRFIELD, NJ 07004

ACCOUNT NUMBER: 309232
BUSINESS NAME: KRYSTAL KLEAN
PHYSICAL ADDRESS: 13679 ATLANTIC BLVD
JACKSONVILLE, FL 32225
CLASSIFICATION CODE: 326008 PUBLIC SERVICE OR REPAIR, NOT SPECIFIED
STATE LICENSE NO:

COUNTY TAX: 93.75
MUNICIPAL TAX: 226.25
COUNTY LATE PENALTY: 0.00
MUNICIPAL LATE PENALTY: 0.00
TOTAL TAX: 320.00

RENEWAL

VALID UNTIL September 30, 2024

2023 - 2024

ATTENTION

THIS RECEIPT IS FOR BUSINESS TAX RECEIPT ONLY.
CERTAIN BUSINESSES MAY REQUIRE ADDITIONAL STATE LICENSING.

This is a business tax receipt only. It does not permit the receipt holder to violate any existing regulatory or zoning laws of the County or City. It does not exempt the receipt holder from any other license or permit required by law. This is not a certification of the receipt holder's qualifications.



JIM OVERTON, TAX COLLECTOR

THIS BECOMES A RECEIPT AFTER VALIDATION.

Paid 23091400002003 09/14/2023 \$ 320.00

This Receipt is issued pursuant to
County ordinance 87-36

**2023/2024 ST. JOHNS COUNTY
LOCAL BUSINESS TAX RECEIPT**
MUST BE DISPLAYED IN A CONSPICUOUS PLACE

Account 1085725
EXPIRES September 30, 2024

Business Type Misc. Public Serv.
Location 13679 Atlantic Blvd
Jacksonville FL 32225

**New Business
Transfer**

Business Name **Krystal Klean**

Owner Name Kept Companies Inc.

**Mailing
Address** PO Box 1577
West Caldwell, NJ.
07007



Tax	22.00
Penalty	0.00
Cost	0.00
Total	22.00

**DENNIS W. HOLLINGSWORTH
ST. JOHNS COUNTY TAX COLLECTOR**

This receipt does not constitute a franchise, an agreement, permission or authority to perform the services or operate the business described herein when a franchise, an agreement, or other county commission, state or federal permission or authority is required by county, state or federal law.

This form becomes a receipt only when validated below

Paid by receipt(s) 2022-8511676 on 07/18/23 for \$22.00

BRUCE VICKERS, TAX COLLECTOR

OSCEOLA COUNTY, STATE OF FLORIDA

LOCAL BUSINESS TAX RECEIPT**ACCOUNT NO.****186007****EXPIRATION****SEPTEMBER 30, 2024****2024****BUSINESS TYPE:**
4090 CLEANING SERVICE**BUSINESS:**
Krystal Klean
Kept Companies Inc.
13679 Atlantic Blvd.
Jacksonville, FL 32225**Commercial Window Cleaning**07/20/2023
Oper N/A
Till Internet
Paid 30.00
Rcpt. #022944**Location:**
OUT OF COUNTY

198935	
TRANSFER	0.00
ORIGINAL TAX	30.00
AMOUNT	0.00
PENALTY	0.00
COLLECTION COST	0.00
TOTAL	30.00


BRUCE VICKERS CFC, TAX COLLECTOR
P.O. BOX 422105, KISSIMMEE FL 34742-2105
407-742-4000

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY OTHER LAWFUL AUTHORITY.

**THIS LOCAL BUSINESS TAX RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF
FLORIDA AND OSCEOLA COUNTY ORDINANCE 95-10, AS AMENDED**

The law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to State Law, all Local Business Tax Receipts shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax Receipt for the delinquent establishment. A 25% penalty shall be imposed on any person engaged in any new business, occupation or profession without first obtaining an Osceola County Local Business Tax Receipt. PLUS: if delinquent more than 150 days, subject to civil actions and penalties, and a penalty of up to \$250.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the licensee from any other license or permits that may be required by law.

This form becomes a receipt when validated by the Tax Collector. Note: Display in accordance with the county ordinance. Local Business Tax Receipts are subject to change according to law.

Kept Companies Inc.
13679 Atlantic Blvd.
Jacksonville, FL 32225